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Vaginal Smears

A Plea for More Critical Evaluation

MARGARET T. McLENNAN, M.D., and CHARLES E. McLENNAN, M.D., Palo Alto

• To determine whether a conscious effort to reduce the incidence of equivocal (Class III) vaginal cytologic smear readings might have demonstrable clinical value, we have compared a previous study of our predictive efforts with a recent experience in screening a similar number of patients.

It was possible to achieve an appreciable reduction in the incidence of Class III smears—from 2.4 per cent to 0.6 per cent. There was a modest increase in the reliability of the Class III smear as an indicator of cancer and a very notable increase in the reliability of the Class IV and V interpretations. While only 66 per cent of the earlier group with Class IV and V smears were shown to have cancer, 86 per cent of the

present series with IV and V readings had malignant disease (97 per cent of the Class V group).

The ultimate yield of malignancies was similar in the two series, but theoretically the overloading of Classes III, IV and V with women who do not actually have cancer necessarily leads to large numbers of diagnostic surgical procedures that might be avoided. Class III should be used to denote merely a temporary state of inconclusiveness rather than a real suspicion of cancer. With proper collaboration between physician and cytologist, most of the initially confusing situations can be either upgraded or downgraded to the proper rating, and eventually the bulk of patients standing to profit from conization will fall into Classes IV or V.

IN A PREVIOUS PUBLICATION³ we reviewed the predictive value of "positive" vaginal smears interpreted in the gynecologic cytology laboratory at Stanford Hospital in San Francisco during the period 1955-57. In 1959 Stanford's School of Medicine was moved to a new site on the Stanford campus in Palo Alto, and in October of that year our present gynecological cytology laboratory, under new direction, received its first specimens. Suspecting that a modified interpretive philosophy may have improved the predictive value of a "Stanford

smear," we have compared our experience of the past three years with that previously reported from San Francisco. The present study suggests that we were in error when we pointed out the great value of a high index of suspicion in the interpretation of smears—that is, liberal assignment of Class III and IV ratings to equivocal specimens—and we now propose a somewhat different approach to the problem of the questionable smear.

A study of this sort emphasizes not only the subjective personal element in the interpretation of smears but also the importance of quality and anatomic source of the specimen in question. The physician must understand and appreciate the subtle meanings concealed in the necessarily cryptic re-

From the Department of Obstetrics and Gynecology, Stanford University School of Medicine, Palo Alto, California.

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EDITORIAL

The A.M.A. Session

THE 112th Annual Session of the American Medical Association was held in Atlantic City, New Jersey, the latter part of June and, as usual, attracted a huge crowd.

More than 36,000 participants were registered, including about 13,000 physicians. Others registered included family members, exhibitors, those in allied fields and guests from many of the nations of the world.

Atlantic City provided delightful weather, most acceptable even to those Californians who are conscious of climatic changes between the Pacific and Atlantic coastlines. The city also provided its huge convention facilities in the shape of its famed Boardwalk hotels, its numerous motels in the convention area and its tremendous convention hall, which housed all scientific and industrial exhibits as well as an art exhibit and many other features.

From all angles this meeting must be termed an outstanding success. It witnessed the elevation of Doctor Edward R. Annis of Miami as the new president of the A.M.A., it saw the inauguration of a new program of medicine and religion and it approved changes in the Board of Trustees, the governing body of the association.

The usual array of scientific sessions, catering to all aspects of the practice of medicine, was staged in a manner consistent with the high standards developed over the years. Papers by outstanding speakers were available for the general practitioner and for specialists in any particular field.

Scientific exhibits brought forth the latest developments in the fields of therapy, research and investigational fields. Industrial exhibits numbering into the hundreds displayed the latest developments in pharmaceuticals, equipment and techniques and, as usual drew throngs of viewers. Again, as in the past few years, special hours were set aside when only physicians were admitted to the exhibits. The "greatest medical show on earth" has become so popular that this restriction has been necessitated.

On the policy-making and business side of the meeting, the House of Delegates was called upon to rule on a wide variety of subjects, some new and some as a review of past actions. The California Medical Association, which sends its Delegates and Alternate Delegates to this session, was again very much in the forefront of the activities of the House.

California now has 21 Delegates in the House and an equal number of Alternates. In addition, four of the Delegates representing the scientific sections are Californians. This represents a large body of power in a House which this year registered 226 votes.

California's delegation at the June meeting was primarily interested in two projects. First was the enlargement of the Board of Trustees of the A.M.A., which for years has consisted of nine elected trustees plus specified officers. Second was the candidacy of Doctor Dwight L. Wilbur for membership on the enlarged board. Both these objectives were successfully completed, Doctor Wilbur having been elected without opposition to a three-year term on the expanded board.

The original request for enlargement of the board came from California two years ago. No action was taken on California's resolution at that time but a special ad hoc committee of the house was named to study the proposal and bring in recommendations. The report of this committee was made a year ago. It suggested that twelve, rather than nine, trustees be elected by the House of Delegates and that the President, President-Elect and immediate Past President also be seated as voting members of the board. It also proposed that the term of office of the elected board members be three years, with a maximum of three terms, rather than a maximum of two five-year terms.

Suitable amendments to the constitution and by-laws were introduced a year ago and brought up for vote in the November, 1962, meeting. All were given a two-thirds vote of those voting but the amendments to the constitution, which required a